

Suctioning (Oral and Nasal), Closed Tracheostomy and Open Tracheostomy Care

Recommendations for the 2021-22 School Year



Aerosol-generating procedures (AGP) are those that are more likely to generate higher concentrations of aerosolized infectious respiratory particles than coughing, sneezing, talking, or breathing. These procedures potentially put staff at increased risk for pathogen exposure and infection. Oral and nasal suctioning and closed system tracheostomy suctioning may not generate higher concentrations of aerosolized particles, but staff should exercise caution when performing during the school day. Open tracheostomy care is a high-risk procedure. Airway management is essential for students with compromised respiratory status, and extra precautions must be taken to lessen the risk associated with performing AGP during the school day, particularly given the increased risks associated with COVID-19.

Students in the school environment who have chronic respiratory conditions that may require oral or nasal suctioning, tracheostomy suctioning, or similar care should have an Individual Health Plan (IHP) on file in the school nurse clinic. As you write your student's action plan, encourage open discussion and collaboration between school nurses, school staff, families, and medical providers to develop a plan of care that seeks to avoid or minimize the opportunity for urgent procedures like suctioning while providing essential airway management during the school day.

Considerations that must be addressed to safely care for this student population:

Students who receive oral, or nasal suctioning or closed tracheostomy care:

- PPE for nursing or school staff - The nurse or school staff member should use PPE (surgical mask, eye protection, gloves, and a gown). While not considered as high risk as other procedures, school staff could choose to use an N95 if available and not in short supply and a respiratory program is in place that includes initial fit testing for anyone using an N95.
- Dedicated space, and space-cleaning requirements to ensure the safety of students and staff.
 - The space should be separate with good ventilation and ability to close the door. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
 - If not feasible to have a separate space, the student should be separated from others in the room by a minimum of 6 feet and up to 12 feet if possible, ideally at the back of the classroom where other students are not facing the child. A barrier such as plexiglass could be considered as well. If suctioning is performed in the classroom, the nurse or staff member should focus suction in the oral cavity as much as possible and avoid the back of the throat where it would be more likely to generate cough.
 - Any space where respiratory procedures are performed should have frequent and careful cleaning, including hard surfaces. Cleaning should occur at least 60 minutes after oral cavity or closed tracheostomy suctioning.

Students who receive open suctioning of a tracheostomy:

- PPE for the nurse or school staff member should include (N95, eye protection, gloves, and a gown).
- The space should be separate with good ventilation and ability to close the door. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
 - Limit the people in the room to the student and staff performing the procedure.
 - When the procedure is completed, the room should be closed for at least 2 ½ hours to allow aerosolized particles to settle.
 - The room should undergo complete cleaning and wiping down of hard surfaces after the procedures are done and the room has settled. When cleaning, staff members should wear appropriate PPE (N95, eye protection, gloves, and a gown).

